

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046753

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 39/ Primary Registration District No. 4504 Registrar's No. 37

FILED DEC 10 1963

1. PLACE OF DEATH a. COUNTY STODDARD		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY STODDARD	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ADVANCE		c. CITY OR TOWN ADVANCE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Pike Twp.	
Length of stay in lb LIFE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) JAMES HERBERT JENKINS			4. DATE OF DEATH Month DEC. Day 2 Year 1963		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 4-8-1908	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months 7 Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OPERATOR			11. BIRTHPLACE (City and state or country) ADVANCE, Mo.		
10b. KIND OF BUSINESS OR INDUSTRY RECREATION HALL			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME J. H. JENKINS			13b. MOTHER'S MAIDEN NAME CLARA ALMA TROPP		
14. NAME OF HUSBAND OR WIFE					

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Wilson Jenkins, ADVANCE, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 12:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Marsh Watkins (Degree or title) Coroner	22b. ADDRESS Dexter Mo.	22c. DATE SIGNED 12-5-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-4-63	23c. NAME OF CEMETERY OR CREMATORY MORGAN MEMORIAL PARK	23d. LOCATION (City, town, or county) (State) ADVANCE, Mo.
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24. FUNERAL DIRECTOR Wm H. Morgan ADDRESS Advance, Mo.	25. DATE RECD. BY LOCAL REG. 12/9/63	26. REGISTRAR'S SIGNATURE Dorice Moore
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

11030

21030

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94201

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12 90-3

13 30

DEC 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Wm. H. Meyer

Licensed Embalmer No.

4640

P. O. Address

Advance, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.